

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
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9						
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30						
31						
32						
33						
34						
35						
36						
37	1					
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44	1					
45		1				
46		1				
47		1				
48		1				
49	1					
50		1				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55	1					
56		1				
57	1					
58	1					
59						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6 ↓		↓		↓	
TOTAL DEP.	16 ←		←		←	
TOTAL CLAIMS	22					